



# TALLAHASSEE HOUSING AUTHORITY

## EMPLOYMENT APPLICATION

**Equal Opportunity Employer  
 Equal Access Employer  
 Affirmative Action Employer**

**How did you first learn of this position vacancy \_\_\_\_\_**  
**A separate application must be submitted for each job you apply for. Copies are acceptable.**

Where to find Vacancy information:

- On the Internet at [www.tallha.org](http://www.tallha.org)
- Tallahassee Housing Authority  
 Human Resource Department  
 2940 Grady Road Tallahassee,  
 Fl. 32312

**POSITION APPLIED FOR:**

Job Title: \_\_\_\_\_

Application Date: \_\_\_\_\_ Date you are available to work: \_\_\_\_\_

Are you a Current T.H.A Employee? **YES** \_\_\_\_ **NO** \_\_\_\_

Are you a Former T.H.A Employee? **YES** \_\_\_\_ **NO** \_\_\_\_

Have you previously submitted an application to the Tallahassee Housing Authority? **YES** \_\_\_\_ **NO** \_\_\_\_

If Yes, what position \_\_\_\_\_

**INSTRUCTIONS**

- Complete this application in its entirety. Type or print in ink. (Note: A separate application must be submitted for each vacancy. Copies are acceptable.)
- Submit your application to:  
 Tallahassee Housing Authority  
 2940 Grady Road  
 Tallahassee, Fl. 32312 or fax (850) 386 - 5534
- Sign your name in the Certification Section on page 3 (not required for e-mail submittal). All information you submit is subject to verification.
- Notify the Human Resource Department directly at 385-6126 Ext. 322 in advance if, due to a disability, you require special accommodations to participate further in the employment process.

**HOW DO WE CONTACT YOU?**

Your Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Your Home Address \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Your Mailing Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work, Business or Cell Phone (specify type) \_\_\_\_\_

E-mail \_\_\_\_\_

**CITIZENSHIP AUTHORIZATION TO WORK**

The Tallahassee Housing Authority hires only U.S citizens and lawfully authorized alien workers. If a conditional offer of employment is made you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

Are you a U.S. Citizen or are you legally authorized to work in the U.S. **YES** \_\_\_\_ **NO** \_\_\_\_

**EEO REPORTING DATA**

The following information is not required. It is requested only for Equal Employment Opportunity record keeping, reporting and compliance purposes as specified by Title VII of The Civil Rights Act of 1964 as amended.

**SEX:** \_\_\_\_ Male \_\_\_\_ Female

**RACE: (Check only one)** \_\_\_\_ White \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Asian or Pacific Islander \_\_\_\_ American Indian or Alaskan \_\_\_\_ Other

**SELECTIVE SERVICE REGISTRATION**

If you are a male between the ages of 18 and 26, do you have proof of registration with the Selective Service System, or proof of exemption from such registration? **N/A** \_\_\_\_ **YES** \_\_\_\_ **NO** \_\_\_\_

**NOTE:** If "Yes" and you are selected as a finalist for this position, you will be required to show proof of registration or exemption prior to appointment.

**PERIODS OF EMPLOYMENT** All employment information must be filled out in this section. Resumes and other attachments will not be accepted in place of filling out this section, but may be provided as supplemental information. Describe your work experience in detail beginning with your PRESENT or most recent job, and describe all periods of employment and periods of unemployment if longer than six months. Be sure to provide complete information regarding each position IMPORTANT, indicate supervisory responsibility and number of employees supervised. Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties and responsibilities. For the purposes of the THA supervisory responsibilities involve having the authority, in the interest of the employer, to hire, transfer, suspend, lay off, recall, promote, discharge, assign, reward, or discipline other employees, or the responsibility to direct them or to adjust their grievances, or to effectively recommend such action, where the exercise of such authority requires the use of independent judgment. Eligibility determinations are based on dates of employment, hours worked per week, and description of job duties and responsibilities.

May we contact your current employer? YES \_\_\_ NO \_\_\_ May we contact your former employer? YES \_\_\_ NO \_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Supervisory Responsibility: YES \_\_\_ NO \_\_\_ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Supervisory Responsibility: YES \_\_\_ NO \_\_\_ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Supervisor's Name and Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Number of Hours Worked Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Supervisory Responsibility: YES \_\_\_ NO \_\_\_ Number of employees supervised: \_\_\_\_\_

Your Name if Different During Employment: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**RELATIVES IN TALLAHASSEE HOUSING AUTHORITY EMPLOYMENT**

To your knowledge, do you have any relatives working for the Tallahassee Housing Authority? **YES** \_\_\_ **NO** \_\_\_

If "Yes", Name(s): \_\_\_\_\_ Relationship(s): \_\_\_\_\_

Department(s) where employed: \_\_\_\_\_

(continue list on another sheet, if necessary)

**DRIVERS LICENSE**

State of Issuance: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Drivers License Type: \_\_\_\_\_

Endorsement Type(if applicable): \_\_\_\_\_

**EDUCATION**

**HIGH SCHOOL**

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Received: \_\_\_Diploma \_\_\_Certificate of Completion \_\_\_GED \_\_\_None, highest grade completed: \_\_\_\_\_

Your name, if different while attending school: \_\_\_\_\_

**COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)**

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE FROM	TO	# OF CREDIT HOURS EARNED QTR	SEM	MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED

Your name, if different while attending school: \_\_\_\_\_

**OTHER TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)**

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE FROM	TO	# OF CREDIT HOURS EARNED QTR	SEM	MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED

Your name, if different while attending training: \_\_\_\_\_

**KNOWLEDGE/SKILLS/ABILITIES (KSAs)**

List KSAs and/or certifications you possess and believe are relevant to the position(s) you seek, such as operating heavy equipment, computer skills, fluency in language(s) etc. \_\_\_\_\_

**CRIMINAL HISTORY INFORMATION:** SCREENING WILL BE CONDUCTED ON THE SELECTED APPLICANT. IF YOUR ANSWERS TO THE QUESTIONS BELOW DO NOT ACCURATELY AND COMPLETELY REFLECT YOUR CRIMINAL HISTORY, YOU MAY BE ELIMINATED FROM FURTHER CONSIDERATION FOR THE VACANCY.

If you are not sure or do not remember what happened in a criminal case(s), contact the appropriate county, state or federal agency so that you can report accurate information on your criminal history. A "Yes" answer to any question(s) will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense(s) in relation to the duties of the position for which you are applying are considered.

1. Have you ever been convicted of a felony or a first-degree misdemeanor? **YES** \_\_\_ **NO** \_\_\_
2. Have you ever had the adjudication of guilt withheld for a felony or a first-degree misdemeanor? **YES** \_\_\_ **NO** \_\_\_

If you answered "Yes" to one of the above questions and have a conviction or adjudication of guilt withheld, please complete the following information regarding each and every felony and/or first- degree misdemeanor.

CHARGE	DATE OF DISPOSITION	COUNTY/STATE

Continue list on another sheet if necessary

**CERTIFICATION**

I understand that any omissions, falsifications, misstatements or misrepresentations of the information provided by me may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I provide may be investigated as allowed by law. I consent to the release of information about my ability, employment history and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations to investigators, personnel staff and other authorized employees of the Tallahassee Housing Authority for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for Tallahassee Housing Authority employment are public records. I certify that to the best of my knowledge and belief that all of the statements contained herein and on any attachments are true, correct, complete and made in good faith. I further understand that if I am selected to fill any position with THA prior to appointment, I will be required to successfully pass a pre-employment drug test.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**VETERANS' PREFERENCE CLAIM**

**In order to receive Veteran's Preference, documentation substantiating your claim must be furnished with this application\*\*. Check the appropriate line and attach the required documentation if you are claiming Veterans' Preference.**

- 1. \_\_\_ A veteran with a service-connected disability who is eligible for or receiving compensation disability retirement, or pension under public laws administered by the U.S Department of Veterans' Affairs and the Department of Defense, or
- 2. \_\_\_ The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, or
- 3. \_\_\_ A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
- 4. \_\_\_ The unmarried widow or widower of a veteran who died of a service-connected disability.

\*\*A DD214 or comparable document that serves as a certificate of release or discharge must be furnished at the time of application. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime periods are defined in 1.01.F.S. Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state (city, county ,etc.). Under Florida law, preference in appointment shall be given by THA to those persons in categories 1 and 2 and then to those in categories 3 and 4. Veterans' Preference is only available to Florida residents.

Branch of Service: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Date of Honorable Discharge: \_\_\_\_\_

Have you claimed Veterans' Preference and entered into covered employment by a covered employer? \_\_\_\_\_

If "Yes," Name of Employer: \_\_\_\_\_

An applicant eligible for Veterans' Preference who believes he or she was not afforded employment preference in accordance with Florida law may file a complaint requesting an investigation with the Department of Veterans' Affairs, P.O Box 31003, St. Petersburg, Fl. 32331. A complaint must be filed within 21 calendar days from the date that the notice of hiring decision is received by the applicant or within three calendar months of the date the application is filed with the employer. If no notice is given, it is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.